| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | :7 | | 8 0.7 01 |
| O.I.P.E. CLASSIFIER | | 8 | 5-24-01 |
| FORMALITY REVIEW | H.L | 1079 | 06/28/0 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

| | | | | | |
|---|---|---|---|---|---|
| ✔ | ................................. Rejected | | N | ................................. | Non-elected |
| = | ................................. Allowed | | I | ................................. | Interference |
| — | (Through numeral)... Canceled | | A | ................................. | Appeal |
| ÷ | ................................. Restricted | | O | ................................. | Objected |

If more than 150 claims or 10 actions
staple additional she t here

(LEFT INSIDE)

S.B.
06/28/0